



Last Updated: 03/09/2022

Billing Information Update for Submitting Paper UB-92 Medicare Crossover Part A and B claims

The purpose of this memorandum is to provide you with additional information regarding the submission of claims to the Department of Medical Assistance Services (DMAS). This information relates to paper submission of UB-92 Medicare Crossover part A and B claims. Detailed billing instructions for UB-92 Medicare Crossover part A and B claims were provided in the March 18, 2004 Medicaid Memo titled *Billing Information Correction for Submitting Paper UB-92 Medicare part A and B claims*. DMAS is providing this additional billing information as a response to questions from providers and observed billing problems.

- n. Many handwritten claims submitted to our fiscal agent, First Health Services Corporation (FHSC), have been recorded incorrectly in the claims adjudication system due to errors in scanning and data entry. It is best if the nursing home provider can produce typewritten UB-92 claims in no less than non-compressed 12 pitch. Detailed instructions for minimizing Optical Character Recognition (OCR) problems are available on the DMAS website at www.dmas.virginia.gov under **Provider Services** in Attachment 2 of the May 1, 2003 Medicaid Memo titled *Implementation of the New Virginia Medicaid Management Information System*. DMAS staff is working closely with FHSC management to address scanning problems that may be associated with its software and procedures.
- n. Due to a logic problem in an edit (that has been corrected), some Medicare-to-Medicaid Crossover claims for nursing homes were receiving an incorrect error code. In these circumstances, claims were denied for reason 0244, Medicare Remittance (EOMB) Not Attached, when in fact an EOMB was attached. If processed correctly, some of these claims would have been denied for reason 0364, Primary Carrier Payment Equals or Exceeds DMAS' Allowed Amount. The attached letters have been sent to United Government Services explaining this problem. If needed for Medicare reporting purposes, you can



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obtain additional copies of the letters at <http://www.dmas.virginia.gov> under Letters to Virginia Medicaid Providers.

- n. A Medicare Explanation of Benefits (EOMB) is only required when a COB code of 85 is used in locators 39-41. Coordination of Benefits codes 82 and 83 do not require an EOMB be attached to the Medicare Crossover claim.
- n. Locator 7 (Covered Days) should always reflect the number of Medicaid-covered days as applicable for Medicare part A and B claims. For inpatient claims the number of days in Locator 7 must equal the number of Accommodation Revenue Codes billed in Locator 46. For outpatient claims the number of units provided in Locator 46 should reflect the actual number of visits (units) provided for the specific service(s) (e.g. PT, OT, Speech Therapy, etc.) within the time frame indicated in Locator 6.
- n. UB-92 claims must not exceed 3 pages. We recommend that facilities that exceed the allowed number of revenue lines roll-up the same revenue code on the claim versus using separate lines for the same revenue code. Virginia Medicaid does not require the specific date of service for each revenue code.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response



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system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (***please note the new DMAS website address***). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

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786-6273
Richmond area
1-800-552-8627
All other areas

Please remember that the “HELPLINE” is for provider use only.